

**ASIAN DEVELOPMENT BANK**

**TAR: PAK 32264**

**TECHNICAL ASSISTANCE**

**TO THE**

**ISLAMIC REPUBLIC OF PAKISTAN**

**FOR**

**PREPARING THE**

**PUNJAB DEVOLVED SOCIAL SERVICES  
SECTOR DEVELOPMENT PROGRAM**

**September 2003**

## CURRENCY EQUIVALENTS

(as of 17 September 2003)

Currency Unit	–	Pakistan rupee/s (PRe/PRs)
PRs1.00	=	\$57.65
\$1.00	=	PRs0.0173

## ABBREVIATIONS

ADB	–	Asian Development Bank
DSS	–	devolved social services
MDG	–	Millennium Development Goal
PPA	–	participatory poverty analysis
PRSP	–	poverty reduction strategy paper
SDP	–	sector development program
TA	–	technical assistance

## NOTES

- (i) The fiscal year (FY) of the Government ends on 30 June.
- (ii) In this report, "\$" refers to US dollars.

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## I. INTRODUCTION

1. Social services have recently been devolved to district and local governments under a radically new governance system. With heavy demand for additional social services within the devolved delivery system, the challenge facing local governments is to provide quality basic health, education, and safe water and sanitation. The Government of Pakistan (the Government) requested the Asian Development Bank (ADB) to provide technical assistance (TA) to prepare a feasibility study to improve social services in Punjab, with special emphasis on capacity building. The TA mission visited Pakistan from 24–31 May 2003 to prepare the TA rationale, design, costing, implementation plan and outline terms of reference for experts for the proposed Punjab Devolved Social Services Sector Development Program, for 2004.<sup>1</sup> The TA builds on lessons from previous and ongoing sector investments that supported the social sectors throughout much of the 1990s.<sup>2</sup> It supports devolution, which has recently resulted in the transfer of responsibility for social service delivery to the districts, follows closely the design of the devolved social services (DSS) being prepared for Sindh Province, and supports resource management efforts that help to place devolution on a firm financial footing.<sup>3</sup> An initial poverty and social analysis was carried out (Appendix 1).

## II. ISSUES

2. **Context.** The socioeconomic conditions in Punjab remain poor especially in rural communities. Despite Government and external efforts to keep abreast of population growth, still only about two-third of all people have access to clean drinking water, 80% of school age children attend elementary school, and 35% of rural children 12–23 months are immunized (51% overall). About one third of Punjab's people live in poverty, on less than a dollar a day. They face harsh conditions including water shortages, unemployment, political turmoil, security problems, and a feudal land tenure system in some areas. Women not only lack assets and opportunities, but depend on their husbands' family, have no social safety net, and are bound by traditions and practices that affect welfare and sometimes make it difficult for them to attend schools and clinics. However, education and employment of females are increasing. Another positive trend is the increasing capacity of communities to organize themselves and operate schools and water schemes under devolution. DSS at the district level and below are expected to increase community participation and accountability and sustainability of basic social services in the future. Punjab already has an extensive network of schools and health care facilities, which when properly managed and functioning will provide major public benefits to the poor. Still, health and education administration and planning at the local level require extensive and continuing capacity building. With ongoing ADB-assistance, the Government of Punjab has set ambitious targets that are in line with the Millennium Development Goals (MDGs) and the poverty reduction strategy and that spell out the sector targets in education, health, and safe water.<sup>4</sup>

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<sup>1</sup> The TA first appeared in *ADB Business Opportunities* (internet edition) in April 2003.

<sup>2</sup> ADB. 1996. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Islamic Republic of Pakistan for the Social Action Program II*. Manila; ADB. 1997. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Islamic Republic of Pakistan for the Second Primary Education Sector Project*. Manila; ADB. 1997. *Report and Recommendation of the President on a Proposed Loan to the Islamic Republic of Pakistan for the Second Science Education Sector Project*; Manila; and ADB. 1999. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Islamic Republic of Pakistan for Women's Health Project*. Manila.

<sup>3</sup> ADB. 2002. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to Islamic Republic of Pakistan for the Decentralization Support Program*. Manila; and the draft Report and Recommendation of the President to the Islamic Republic of Pakistan for the proposed Punjab Resource Management Program Loan in 2003.

<sup>4</sup> ADB. 2002. *Technical Assistance to Pakistan for Enhancing Capacity for Resource Management and Poverty Reduction in Punjab*. Manila.

3. In education, major factors affecting enrolment are poverty-related cost and opportunity cost, inadequate facilities and poor quality of education resulting in high dropout rates, and staff absenteeism in schools. While quality is a factor in high dropout rates, additional funds are still required to increase enrollment in elementary schooling and improve secondary schools to ensure that all students—especially girls—have wider choices in fulfilling life opportunities. A major development is the increasing community involvement in operating schools and the hiring of contract teachers who are limited from transferring out of the district. To achieve higher school enrollment in line with the education sector reform program, Punjab will support classes 9–12 including science education, to increase enrollments through improved teaching and learning. The World Bank will provide assistance to classes 1–8. Interventions will be tied to ongoing projects. Special efforts are needed to rationalize facilities and staffing in each district to maximize the internal efficiency of the education system.

4. In health, the focus has shifted from expanding primary health care to rationalizing and reforming district health services. Punjab wants to reestablish a system approach based on the principles of primary health care and integrated priority programs, including for nutrition and family planning. The Government has planned reform initiatives at tertiary, secondary, and primary levels with strong emphasis on medical institutions and teaching hospitals. Districts support the provincial emphasis on developing an integrated health delivery system that links basic health units, rural health centers, and subdistricts, and district headquarters, including the strengthening of existing facilities. The province wants to strengthen its role in policy, guidance, quality control, monitoring, and training of district health staff.

5. In water supply and sanitation, the focus is on increasing coverage, capacity building of subdistrict management associations and community ownership of small-scale water and sanitation schemes. The water supply and sanitation sector is facing mounting problems in expanding coverage to the entire population. The problems include groundwater availability and high operating costs. Devolution, together with a much better fiscal position, has created opportunities for social sector development and reform whereby subdistrict management associations can begin to take responsibility for planning and implementing small-scale schemes to achieve wider access to clean water and sanitation. Learning from ongoing projects in water and sanitation, the Government is keen to improve governance of public social services and work with the private sector, nongovernment organizations, and communities toward the MDG targets in water and sanitation.

6. Services in education, health, and water supply are failing the people in Punjab because the public is unable to monitor the accountability of service providers. The decision by the Government of Punjab and ADB to support DSS could substantially improve the breadth and depth of social service delivery throughout Punjab. Ongoing devolution will be supported as DSS helps to strengthen local government's ability to plan and manage basic services in social sectors that only it can provide; add to the district funding flow to ensure for social services greater spending that might otherwise be reallocated to infrastructure projects; help mobilize additional financing under the resource management program loan; and strengthen linkages that allow provincial line departments to better focus on policy, planning, and administrative training for local bodies charged with day-to-day operations.

7. **Special Issues.** Macro-level issues facing the social sectors include finding ways for local governments to (i) streamline political and administrative forces to benefit the public; (ii) increase linkages between local and provincial governments to manage social sector policy reforms, technical support, and monitoring; and (iii) determine absorptive capacity and financing mechanisms to ensure the efficiency of additional resources and accountability by experimenting with incentives to mobilize community support. Micro-level issues facing social

service delivery include (i) developing public-private partnerships to help finance and manage social services; (ii) building capacity for districts to plan, budget, and deliver improved social services on an equitable basis to rural areas; and (iii) prioritizing programs that help to achieve the MDGs. Many social sector policy issues are being addressed at the provincial level under ongoing ADB program loans while TAs broaden policy issues related to local government and needed to support social service delivery at the district and community levels.

8. **Government Policy Dialogue.** The Federal Government released its Interim Poverty Reduction Strategy Paper (PRSP)<sup>5</sup> in January 2002 along with its Education Sector Reform Program. Both support the MDGs and “education fast-track initiative” strategy. Similar strategies exist for health through the National Health Program, 2001. Likewise, the Government is preparing its national water strategy in 2003. The national policies supporting international goals found in the PRSP, National Health Policy, and Education Sector Report have provided needed discussion and planning between provincial governments and external funding agencies, to finance social sector development in Pakistan over the medium term. In 2003, the Punjab PRSP is being prepared in part through support from ADB and will indicate provincial and district targets for poverty reduction strategies to support MDGs in the districts. The district targets can be monitored along with the use of external resources provided to meet these goals. Devolution of service delivery from provinces to districts and below took place in 2001–2002 and is currently being implemented throughout Pakistan. In Punjab, innovative programs are being piloted in health and education to improve management of social services. In one district, mobile health teams visit scattered rural health centers; in other districts school management committees are being trained to be more inclusive. These Government programs will be evaluated over time to determine the feasibility of their wide-scale introduction.

9. **External Financing.** ADB is supporting the social sectors in Punjab through projects in education (primary girls’ school, science education, and technical education); health, (women’s health and reproductive health); and water and sanitation (the Punjab Community Water Supply and Sanitation Project).<sup>6</sup> The federal Decentralized Sector Program and Access to Justice and the proposed Punjab resource management program are intended to support devolution and its adjustment costs through macro-level financial support. The ADB country strategy, PRSP, and poverty, gender, and governance strategies all stress Government efforts to improve local service delivery. ADB has provided TA to develop the PRSP in Punjab. Other agencies working in the social sector include the Department for International Development, United Nations agencies and World Bank support for vertical programs in health. The World Bank is preparing a provincial adjustment credit for the education sector in 2003, to help meet MDG targets in elementary education.

10. **Lessons Learned.** The major lesson learned by the Government and external agencies confirms that support for the social sectors is labor intensive and must be continuing. Under devolution, the aim is for local governments to take responsibility for social services by building links between districts and community citizen’s boards. Over time, the boards will become capable of taking responsibility for service delivery rather than relying exclusively on the provincial government to administer programs. Social service delivery must be seen as a cooperative venture between all levels of Government and stakeholders who must support quality low cost services.

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<sup>5</sup> Government of Pakistan. 2002. *Interim Poverty Reduction Strategy Paper*. Islamabad.

<sup>6</sup> See footnote 2, and ADB. 2002. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Islamic Republic of Pakistan for the Punjab Community Water Supply and Sanitation Sector Project*. Manila.

### III. THE TECHNICAL ASSISTANCE

#### A. Purpose and Output

11. The objective of the TA is to prepare a sector development program (SDP) to make DSS more efficient, equitable, and sustainable so that major impacts result for the poor in health, education, and water supply and sanitation. Consequently, the TA will strengthen devolution during its early stages because social service delivery at the local level is the best way to achieve results that impact people. A local government ordinance (2001) already devolves authority and funding to districts while ongoing and proposed ADB SDP support will provide financial sustainability to the province and districts. Outputs will be divided into policy and activities. First, TA consultants will discuss with stakeholders and recommend social sector policies that support local government capacity to improve efficiency in the delivery of social services. These include human resources management, horizontal coordination, and community participation for accountability—all are needed for effective delivery of services. Second, consultants will design DSS activities to help local governments (i) improve the quality of expanded social services; (ii) build local capacity for DSS delivery; and (iii) support improvements to make the social sector more efficient, equitable, and sustainable. Sector-specific priorities will mirror MDGs and extend universal basic education, reduce dropout rates, improve gender balance, reduce maternal and child mortality, reduce fertility, and increase access to safe drinking water supply and sanitation. Broadening the social platform, community participation, capacity building, and reforms will strengthen social services.

#### B. Methodology and Key Activities

12. Punjab wants a program that targets the poor and is province-wide and sector-wide, demand-driven, and performance-based. The TA will help to develop a selection of policies and reforms to supplement funds and offer technical support to improve and expand social services based on local needs. All 34 districts in Punjab will be assisted for 3–5 years, with a focus on relatively low cost services that are easy to administer and will benefit many people, with emphasis on the poor. Support will be provided for health, education, and water supply and sanitation, with crosscutting support for related services such as poverty reduction, community participation, and gender in development. The economics and finance, and governance consultants will develop a policy matrix to guarantee district-level capacity to deliver social services. The gender and social participation and sector specialists will develop a selection of activities to reinforce capacity building to strengthen social service delivery. For example, (i) in education, support may involve almost any additional funds to strengthen school enrolment; (ii) in health and population welfare, support may include improvements in the supply of essential drugs; contracting of nurses and lady health visitors to improve maternal services; and upgrading facilities based on need; and (iii) in water supply and sanitation, support may include developing master plans and contracting arrangements for improving public water supply and sanitation. Activities are intended to improve run-down facilities and support new initiatives including public-private partnerships. ADB financing for the proposed SDP may follow one of several design modalities and the consultants will review ongoing ADB, Government, and other externally funded programs and projects to avoid overlap and indicate how the proposed DSS will complement ongoing efforts.

#### C. Cost and Financing

13. The TA is estimated to cost \$400,000 equivalent, of which ADB will finance \$300,000 covering the entire foreign exchange cost of \$205,000 and \$95,000 equivalent of the local currency cost. The TA will be financed on a grant basis by ADB's TA funding program. ADB will finance consulting services, production of reports, workshops, office equipment, and

administration support services. The provincial government contribution of \$100,000 equivalent in kind will cover support for staff, use of facilities across sectors throughout the province, communications, and transport as indicated in the financing plan in Appendix 2. The Government has been advised that approval of the TA does not commit ADB to financing any ensuing program.

#### **D. Implementation Arrangements**

14. The Planning and Development Department, Punjab, will be the Executing Agency for the TA. A steering committee will be established to provide overall guidance to the TA team. The committee, chaired by the chairman of the Planning and Development Department, will comprise representatives from the departments of education, local government, health and urban services, public health engineering, and finance; four representatives from district government; and nongovernment representatives. The committee will monitor the TA over 5 months to ensure Government ownership for the proposed design and to ensure that the feasibility study serves pro-poor economic growth. The TA will include an office in the Health Department, as the lead line department to accommodate the experts in Lahore and on field visits. The departments of health, education, and local governments will provide counterpart staff to assist the team.

15. The TA will use the services of one international (5 person-months) and five domestic specialists (18 person-months). The international expert will be an economic and finance specialist and the team leader. The five domestic specialists will include water supply and sanitation (4 person-months); gender and social participation (3 person-months); education (3 person-months); health (3 person-months); and governance (5 person-months). ADB will engage individual specialists in accordance with ADB's *Guidelines on the Use of Consultants* and other arrangements satisfactory to ADB for engaging domestic consultants. Local consultants may be engaged individually or through local firms. Outline terms of reference are found in Appendix 3.

16. The TA will start in October 2003 and be completed by 31 March 2004. The consulting team will prepare an inception report after 1 month, a preliminary report after 3.5 months and the draft final report in the fourth month. The TA will be conducted through field visits employing participatory methods to ensure consultation with a wide range of stakeholders such as patients, doctors, parents, teachers, and community water boards. The consultants will organize four regional and one provincial workshop in Lahore to solicit advice and recommendations from stakeholders for use in the feasibility study. If required, additional workshops may be held. The study will include a selection of activities determined by district offices to upgrade existing facilities, and new activities including joint public-private partnerships. The team will prepare training programs for capacity building in each sector to ensure sustainable implementation at all levels of Government service delivery.

#### **IV. THE PRESIDENT'S DECISION**

17. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$300,000 on a grant basis, to the Government of Pakistan for preparing the Punjab Devolved Social Services Sector Development Program, and hereby reports this action to the Board.

## Summary Initial Poverty and Social Analysis (IPSA) Report Form

### A. Linkages to the Country Poverty Analysis

Sector identified as a National Priority in Country Poverty Analysis? <span style="float: right;">Yes</span>	Sector identified as a National Priority in Country Poverty Partnership Agreement? <span style="float: right;">Yes</span>
<p>Until the 1990s, economic growth in Pakistan was much faster than in most other low-income countries. However, Pakistan's social indicators compare unfavorably with those of other countries with similar levels of per capita income. People in Pakistan suffer from low school enrollment, poor health, and poor access to clear water. In 1993, Pakistan launched the Social Action Program (SAP), with broad-based external support to address poor social indicators. The Government has made efforts to bring the poverty alleviation to a primary focus in the formulation of economic policy. In Pakistan, social sector development requires radical change in the social service management and delivery system. In August 2001, the Government of Pakistan devolved social services to local governments throughout the provinces. Punjab Province contains half of the population of the country and is struggling to improve social service delivery, especially to the poorest communities.</p> <p>Punjab has over 82 million people, 15 million of them living in the three major cities and the rest scattered in small towns, trading posts, villages, and hamlets. About one third of Punjab's people live in poverty, on less than a dollar a day. The social status of the people of Punjab, notably those living in urban slums and rural areas is poor. Many households cannot afford energy charges. Public and personal hygiene are poor. About one third of children are malnourished. The literacy rate among the population of 10 years and above is 47%. The people in Punjab face hardship in environmental conditions including water shortage, unemployment, political turmoil, and feudal land tenure system.</p> <p>The decentralization of social services being implemented at the district level and below is expected to increase community participation and accountability and sustainability of basic services to communities in the future. Punjab already has an extensive network of schools and clinics. The people will gain major benefits if the system is developed for proper functioning of these services.</p>	

### B. Poverty Analysis

### Proposed Classification

What type of Poverty Analysis is needed?	Poverty Reduction
<p>Participatory poverty analysis (PPA) is required to analyze specific groups of the poor, disadvantaged sections of the population and bonded laborers in the program area. The PPA will be done for male and female groups from the poor, disadvantaged sections and bonded laborers. The PPA will recommend specific strategies to meet the needs and priorities of these groups.</p>	

### C. Participation Process

<p>Stakeholder Analysis: Stakeholders analysis will be carried out through participatory appraisal with different socioeconomic groups in the communities, government agencies, private sector, and external funding agencies. Stakeholders analysis will be done for relevant male and female groups.</p>	
Participation strategy required:	Yes. A stakeholder participation strategy will be prepared during the program preparatory technical assistance (TA) study.

### D. Potential Issues

	Significant/ Not Significant/ Uncertain/ None	Strategy to Address Issues	Plan Required
Resettlement	None		No
Gender	Significant	<p>Reducing gender inequalities has been slow in Pakistan. Pakistan ranked 127 out of 162 countries in 1999 gender-related development index.</p> <p>Gender analysis and gender strategy will be prepared during the TA study.</p>	Yes

	<b>Significant/ Not Significant/ Uncertain/ None</b>	<b>Strategy to Address Issues</b>	<b>Plan Required</b>
Affordability	Significant	Poor families find difficulties accessing social services due to social and economic reasons. The TA study will develop for the program design measures that will facilitate access to social services by the poor, disadvantaged, and bonded laborers.	Yes
Labor	None		No
Indigenous People	None		No
Environmental Issues	Not significant	Possible issues relating to hospital wastes.	Yes

**COST ESTIMATES AND FINANCING PLAN**  
(\$'000)

Item	Foreign Exchange	Local Currency	Total Cost
<b>A. Asian Development Bank Financing<sup>a</sup></b>			
1. Consultants			
a. Remuneration and Per Diem			
i. International	100	0	100
ii. Domestic	70	0	70
b. International and Local Travel	5	15	20
c. Communications, reports	5	5	10
2. Equipment <sup>b</sup>	5	0	5
3. Workshops	0	65	65
4. Contingencies	20	10	30
<b>Subtotal (A)</b>	<b>205</b>	<b>95</b>	<b>300</b>
<b>B. Government Financing</b>			
1. Government Staff, Secretarial Support	0	35	35
2. Field Visits of Government Counterpart Staff	0	35	35
3. Office Accommodation and Utilities	0	30	30
<b>Subtotal (B)</b>	<b>0</b>	<b>100</b>	<b>100</b>
<b>Total</b>	<b>205</b>	<b>195</b>	<b>400</b>

<sup>a</sup> Financed by ADB's TA funding program.

<sup>b</sup> Equipment includes computer, printer, facsimile machine, copier.

Source: Asian Development Bank estimates

## OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. The proposed consulting services will carry out the institutional, financing, gender, and social and poverty analyses and develop an innovative program design that proposes alternative arrangements and incentives for improving social services through public or private financiers and providers. Following are some of the key issues to be reviewed by the consultants: (i) fiscal capacity; (ii) additionality requirements; (iii) new procedures under devolution; (iv) governance issues related to strengthening provincial, district and community bodies; (v) technical capacity building in planning, procurement, and structuring continuous training; (vi) improved targeting to reach the poor and marginalized groups that lack access to public social services; and (vii) social participation including public-private partnerships to bolster internal efficiency.

### **A. Economic and Finance Specialist, Team Leader** (International, 5 person-months)

2. The team leader will be an institutional development expert or equivalent, with at least 5 years of experience in public sector reform and devolution, including in South Asia, and will

- (i) lead the team to prepare an initial program framework including a consultants' task matrix;
- (ii) lead the team to prepare a local capacity constraint analysis and a problem tree analysis;
- (iii) propose monitoring and evaluating arrangements to prepare district performance indicators leading to performance-based budgeting;
- (iv) attend local field visits and workshops, and lead discussions;
- (v) serve as senior writer for the feasibility study, with the help of the team members, prepare the report in Asian Development Bank (ADB) format;
- (vi) develop a draft program administration manual and prepare the program framework as required using the ADB logical framework;
- (vii) review devolution, governance, social sector management, and ADB program experience in these areas;
- (viii) identify key issues in public social sector performance and the need for reforms, with special attention to the district level and below;
- (ix) assess district and subdistrict municipal authority capacity for social sector management;
- (x) draft, share with and develop the program design, including ADB financing arrangements for devolved social services, and prepare a detailed appendix;
- (xi) prepare arrangements for implementing the SDP specifying responsibilities for all stakeholders, including the local governments, line departments, steering committee, and program implementation unit; and prepare terms of references;
- (xii) review the overall budget implications of local government administration;
- (xiii) estimate district social sector financing requirements based on several models;
- (xiv) determine major sources and uses of funds for each social sector, drawing on existing information from ongoing ADB projects;
- (xv) propose approaches for improving the allocation and use of funds;
- (xvi) assess general recurrent cost implications of various types of social services investments and propose ways to sustain their impact;
- (xvii) prepare a draft provincial and district medium-term expenditure plan to improve social sector outcome, including the potential for private sector financing in coordination with the poverty reduction strategy program (PRSP) and other related assistance to avoid duplication; and

- (xviii) prepare and summarize the outcomes of an economic analysis according to ADB guidelines, including program rationale, justification, and information on cost-effectiveness and rate of returns for the various sectors.

**B. Gender and Social Participation Expert** (Domestic, 3 person-months).

3. The expert will be a sociologist or equivalent, with at least 5 years' experience in social, gender, and poverty analysis; participatory planning; and hands-on community development. The expert will

- (i) assist the team to prepare a task matrix for the international consultants, program framework, and problem-tree analysis that captures critical constraints;
- (ii) prepare a poverty map based on district indicators for use as a base line for program interventions, in coordination with the PRSP and other related assistance to avoid duplication;
- (iii) work closely with ongoing technical assistance for the PRSP and appraise district poverty assessments and any special issues for vulnerable groups;
- (iv) conduct a social analysis with emphasis on gender issues, reaching the poor, and participation of the poor;
- (v) prepare a poverty and social assessment paper per ADB guidelines, in coordination with the PRSP and other related assistance to avoid duplication;
- (vi) plan and implement a series of four regional and one provincial stakeholder workshops with the team, and record findings of plenary and face-to-face interviews with stakeholders;
- (vii) document the perceptions and priorities of stakeholders, including beneficiaries, through field visits, and prepare a participation strategy;
- (viii) with the input from team members, identify a public-private partnership model that is for social participation by beneficiaries of basic social services, and that could be adapted in rural Punjab;
- (ix) using a participatory process, develop a strategic framework matrix for improving social aspects of program design, in particular targeting the poor and women, and note risks in reaching beneficiaries; and
- (x) assist ADB in any other assignments as may be reasonably expected within the scope of work.

**C. Governance Specialist** (5 person-months)

4. The specialist will have had 5 years' experience in the field of governance and be familiar with crosscutting issues of poverty reduction, gender, and environmental concerns. The specialist will

- (i) assist the finance and economics specialist to prepare the initial program framework and consultants' task matrix;
- (ii) with help from sector specialists, identify key policies relating to service delivery at the district level to be developed under the program;
- (iii) consult district administrators to refine procedures for sector-specific guidelines and instruments to improve service delivery;
- (iv) review the local government ordinance in the context of social service delivery at the local level, and the need for capacity building to strengthen governance and develop plans and policy actions;

- (v) with district social sector staff, develop plans and procedures to work closely at local government levels, including community citizen boards and school management committees, to improve the accountability of service delivery;
- (vi) review current devolution practices at the local level that support social service delivery, and determine the governance and financial support required for existing social sector development and governance programs;
- (vii) develop capacity-building activities at the district level to ensure that social sectors (75% of public employees) can deliver quality services at low cost;
- (viii) prepare policies required to strengthen governance and capacity building at the local level to improve service delivery; and
- (ix) assist the finance and economics specialist to prepare the final report by providing the policies, and financial and implementation arrangements required by the districts to improve social services.

**D. Health and Population Welfare Specialist (Domestic, 3 person-months)**

5. The specialist will have had a minimum of 5 years' experience in field of health and population welfare, and be familiar with crosscutting issues of poverty reduction, gender, and environmental concerns. The specialist will

- (i) keeping in view the ongoing ADB and other programs and projects, collect information on the status of sector indicators, including the Millennium Development Goals (MDGs), for rural and urban populations by gender in each district, and estimate requirements to achieve increased targets;
- (ii) conduct regional and provincial workshops covering all districts to get stakeholder participation and ownership in setting priorities in the sector;
- (iii) consult stakeholders through field visits and regional workshops to ensure their points of view are incorporated in program activities, training programs, and schemes designed to improve social service delivery;
- (iv) identify opportunities and propose models for public-private partnerships to improve service delivery in districts and below;
- (v) based on stakeholder's needs, prepare a selection of priority investments in health, and for each item, determine the quantity, unit cost, and total cost for each district;
- (vi) for key outcomes in the sector, develop monitoring indicators that correspond to the program impact (e.g., link program outcomes to increasing district targets);
- (vii) work closely with economic and financial, governance, and poverty and social participation consultants on crosscutting issues and help prepare the policy matrix and social assessment materials linking program needs, inputs, and impacts with poverty reduction strategy;
- (viii) prepare sector portions of the inception and draft reports on time in close cooperation with team leader;
- (ix) ensure a consistent integrated approach to service delivery across sectors to ensure program focus on training needs, crosscutting issues, and cost effective approach;
- (x) help review all environmental aspects of the interventions and propose measures to mitigate risks;
- (xi) assist the gender and social participation specialist to determine gender issues, and preparation of the gender strategy;
- (xii) together with the team leader, prepare a consultant task matrix, problem tree analysis, and local capacity constraint analysis to structure report writing; and

- (xiii) assist ADB in any other assignments as may be reasonably expected within the scope of work.

**E. Education Specialist** (Domestic, 3 person-months)

6. The specialist will have a minimum of 5 years experience in education and be familiar with crosscutting issues of poverty reduction, gender, and environmental concerns. The specialist will

- (i) keeping in view the ongoing ADB and other programs and projects, collect information on the status of sector indicators, including the MDGs, for rural and urban populations by gender in each district, and estimate requirements to achieve increased targets;
- (ii) conduct regional and provincial workshops covering all districts to get stakeholder participation and ownership in setting priorities in the sector;
- (iii) consult stakeholders through field visits and regional workshops to ensure their points of view are incorporated in program activities, training programs, and schemes designed to improve social service delivery;
- (iv) identify opportunities and propose models for public-private partnerships to improve service delivery in districts and below;
- (v) based on stakeholder's needs, prepare a selection of priority investments in health, and for each item, determine the quantity, unit cost, and total cost for each district;
- (vi) for key outcomes in the sector, develop monitoring indicators that correspond to the program impact (e.g., link program outcomes to increasing district targets);
- (vii) work closely with economic and financial, governance, and poverty and social participation consultants on crosscutting issues and help prepare the policy matrix and social assessment materials linking program needs, inputs, and impacts with poverty reduction strategy;
- (viii) prepare sector portions of the inception and draft reports on time in close cooperation with team leader;
- (ix) ensure a consistent integrated approach to service delivery across sectors to ensure program focus on training needs, crosscutting issues, and cost effective approach;
- (x) help review all environmental aspects of the interventions and propose measures to mitigate risks;
- (xi) assist the gender and social participation specialist to determine gender issues, and preparation of the gender strategy;
- (xii) together with the team leader, prepare a consultant task matrix, problem tree analysis, and local capacity constraint analysis to structure report writing; and
- (xiii) assist ADB in any other assignments as may be reasonably expected within the scope of work.

**F. Water Supply Specialist** (Domestic, 4 person-months)

7. The specialist will have had a minimum of 5 years' experience in water supply and be familiar with crosscutting issues of poverty reduction, gender, and environmental concerns; and

- (i) keeping in view the ongoing ADB and other agencies' programs, collect information on the status of sector indicators, including the MDGs, for rural and

- urban populations by gender in each district, and estimate requirements to achieve increased targets;
- (ii) conduct regional and provincial workshops covering all districts to get stakeholder participation and ownership in setting priorities in the sector;
  - (iii) consult stakeholders through field visits and regional workshops to ensure their points of view are incorporated in program activities, training programs, and schemes designed to improve social service delivery;
  - (iv) identify opportunities and propose models for public-private partnerships to improve service delivery in districts and below;
  - (v) based on stakeholder's needs, prepare a selection of priority investments in health, and for each item, determine the quantity, unit cost, and total cost for each district;
  - (vi) for key outcomes in the sector, develop monitoring indicators that correspond to the program impact (e.g., link program outcomes to increasing district targets);
  - (vii) work closely with economic and financial, governance, and poverty and social participation consultants on crosscutting issues and help prepare the policy matrix and social assessment materials linking program needs, inputs, and impacts with poverty reduction strategy;
  - (viii) prepare sector portions of the inception and draft reports on time in close cooperation with team leader;
  - (ix) ensure a consistent integrated approach to service delivery across sectors to ensure program focus on training needs, crosscutting issues, and cost effective approach;
  - (x) help review all environmental aspects of the interventions and propose measures to mitigate risks;
  - (xi) assist the gender and social participation specialist to determine gender issues, and preparation of the gender strategy;
  - (xii) together with the team leader, prepare a consultant task matrix, problem tree analysis, and local capacity constraint analysis to structure report writing; and
  - (xiii) assist ADB in any other assignments as may be reasonably expected within the scope of work.